Fiscal Estimate - 2005 Session

×	Original		Updated		Corrected		Supplen	nental
LRB	Number	05-2810/2		Introd	duction Num	ber A	B-575	
Subje	ct							
Protec	tive occupation	on participant st	atus for certai	n state social	workers			
Fiscal	Effect							
	No State Fiscondeterminate Increase E Appropria Decrease Appropria Create Ne	e Existing tions Existing	Rever Decre Rever	ase Existing	absor	ase Costs - l b within age Yes ase Costs		
	Indeterminate I. Increase Permiss 2. Decrease	e Costs sive∭Mandator	y Permis 4. Decrea	se Revenue ssive	Units A To atory Co	of Local Go Affected wns ounties hool stricts	overnment Village Others WTCS Districts	: Cities
Fund Sources Affected Affected Ch. 20 Appropriations								
GF	PR FED	PRO [PRS	SEG 🔲 SE	GS .			· · · · · · · · · · · · · · · · · · ·
Agenc	y/Prepared l	Ву		Authorized S	ignature		1	Date
DOT/ J	essica Laroc	que (608) 266-2	974	Julie Johnson (608) 267-3703				7/26/2005

Fiscal Estimate Narratives DOT 7/26/2005

LRB Number 0	5-2810/2	Introduction Number	AB-575	Estimate Type	Original			
Subject								
Protective occupation participant status for certain state social workers								

Assumptions Used in Arriving at Fiscal Estimate

DOT does not employ anyone holding the classification of Social Worker

Long-Range Fiscal Implications

Fiscal Estimate Worksheet - 2005 Session

Detailed Estimate of Annual Fiscal Effect

Original Updated	Corrected	Supplemental		
LRB Number 05-2810/2	Introduction Number	er AB-575		
Subject				
Protective occupation participant status for c	ertain state social workers			
I. One-time Costs or Revenue Impacts for		(do not include in		
annualized fiscal effect):		(40 1101 11101 1111 1111		
zero fiscal impact				
II. Annualized Costs:	Annualized Fisc	al Impact on funds from:		
	Increased Costs	Decreased Costs		
A. State Costs by Category				
State Operations - Salaries and Fringes	\$0	0		
(FTE Position Changes)	(0.0 FTE)	(0.0 FTE)		
State Operations - Other Costs	0	0		
Local Assistance	0	(
Aids to Individuals or Organizations	0	C		
TOTAL State Costs by Category	\$0	\$0		
B. State Costs by Source of Funds				
GPR	0	0		
FED	O	0		
PRO/PRS	o	0		
SEG/SEG-S	0	0		
III. State Revenues - Complete this only w (e.g., tax increase, decrease in license fee		crease state revenues		
	Increased Rev	Decreased Rev		
GPR Taxes	\$	\$		
GPR Earned				
FED				
PRO/PRS				
SEG/SEG-S				
TOTAL State Revenues	\$	\$		
NET ANNU	JALIZED FISCAL IMPACT			
	State	Local		
NET CHANGE IN COSTS	\$0	\$		
NET CHANGE IN REVENUE	\$	\$		
Agency/Prepared By	Authorized Signature	Date		
DOT/ Jessica Larocque (608) 266-2974	Julie Johnson (608) 267-3703	7/26/2005		